

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
MEDICAL ASSISTANCE ADMINISTRATION
Olympia, Washington**

To: Pharmacists
Managed Care Plans

Memorandum No. 04-08 MAA
Issued: February 23, 2004

From: Douglas Porter, Assistant Secretary
Medical Assistance Administration

For further information, go to:
<http://hrsa.dshs.wa.gov/pharmacy/>

Subject: Prescription Drug Program: Maximum Allowable Cost Update

Effective for dates of service on and after March 1, 2004, the Medical Assistance Administration (MAA) will implement the following changes to the Prescription Drug Program:

1. New additions to the Maximum Allowable Cost (MAC) list;
2. Deletions from the MAC list;
3. Adjustments to existing MACs; and
4. Adjustments to existing Certified Average Wholesale Prices (CAWPs).

1. MAC Additions:

Generic Name	Strength	Form	MAC Effective 03/01/04
AMOX TR/POTASSIUM CLAVULANATE	400-57MG	CHEWABLE TABLET	\$2.61000
GUAIFENESIN	600MG	TABLET	\$0.40000
NORGESTIMATE-ETHINYL ESTRADIOL	7/7/7	TABLET	\$0.95570
PSEUDOEPHEDRINE HCL	120MG	TABLET	\$0.33000
SULFACETAMIDE SODIUM/SULFUR	10-5%	LOTION	\$1.38000

2. MAC Deletions:

Generic Name	Strength	Form	MAC Effective 03/01/04
TETRACYCLINE HCL	125MG/5ML	ORAL SUSP	\$0.00000

3. **MAC Adjustments:**

Generic Name	Strength	Form	MAC Effective 03/01/04
CHLOROTHIAZIDE	500MG	TABLET	\$0.17470
SULINDAC	150MG	TABLET	\$0.30000
TOLMETIN SODIUM	200MG	TABLET	\$0.40000
TOLMETIN SODIUM	400MG	TABLET	\$0.79740
TOLMETIN SODIUM	600MG	TABLET	\$1.10450
TRIAMCINOLONE ACETONIDE	0.1%	PASTE	\$2.15000

4. **CAWP Adjustments:**

Generic Name	Strength	Form	CAWP Effective 03/01/04
ANTIHEMOPHILIC FACTOR, HUM REC	250(+/-)U	VIAL	\$0.92000
ANTIHEMOPHILIC FACTOR, HUM REC	500(+/-)U	VIAL	\$0.92000
ANTIHEMOPHILIC FACTOR, HUM REC	1000(+/-)U	VIAL	\$0.92000